

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Action</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524181	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Thomas Graphics Inc</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 23 / 2016</b>		
Mailing Address <b>9501 NIH 35</b>			Amount <b>12780.47</b>		
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78753-3804</b>	Transaction ID : <b>E46388B4BFA4942D5B46</b>		
Purpose of Expenditure <b>IE-Glenn-Postage</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>593088.72</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jamestown Associates</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 23 / 2016</b>		
Mailing Address <b>5 Mapleton Rd Ste 300</b>			Amount <b>57327.05</b>		
City <b>Princeton</b>	State <b>NJ</b>	Zip Code <b>08540-9646</b>	Transaction ID : <b>E027DB7884FF44F8C8AE</b>		
Purpose of Expenditure <b>IE-Glenn-Media Buy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 23 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>593088.72</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>70107.52</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 24 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Action</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524181
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jamestown Associates</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 23 / 2016</b>		
Mailing Address <b>5 Mapleton Rd Ste 300</b>			Amount <b>15534.00</b>		
City <b>Princeton</b>	State <b>NJ</b>	Zip Code <b>08540-9646</b>	Transaction ID : <b>E595476781D9345A784E</b>		
Purpose of Expenditure <b>IE-Glenn-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 22 / 2016</b>		
Name of Federal Candidate <b>Darryl Glenn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>593088.72</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>15534.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>85641.52</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY  
**06 / 24 / 2016**

Signature